

EXPORT-IMPORT BANK OF THE UNITED STATES
APPLICATION FOR QUOTATION-EXPORT CREDIT INSURANCE (ELC)
COMMERCIAL BANK INSURED

THIS DOCUMENT WILL BE A MATERIAL BASIS OF THE INSURANCE IF QUOTATION IS MADE AND ACCEPTED.

1. Applicant Bank: _____ Contact: _____
 Address: _____
 E-Mail _____ Fax _____ Phone _____
 Tax ID #: _____ DUNS #: _____ Congressional District: _____
2. Name of Brokerage (if any, if none insert "none"): _____
 Name of Contact: _____ Broker #: _____
 E-Mail _____ Fax _____ Phone _____

3. PLEASE PROVIDE THE FOLLOWING INFORMATION:

(add pages if necessary)

General information on your bank:

- (a) How are the international banking activities in your bank organized functionally, who are the key individuals involved and what are their backgrounds?
- (b) How long have you been confirming international letters of credit, from what countries?
- (c) Does your bank have any special expertise in particular types of transactions, regions of the world or any other areas?
- (d) Is there any other information that will be of assistance in evaluating your request for a bank policy?
- (e) If you wish us to consider adding any subsidiaries, branches or affiliates as Additional Named Insureds under your policy, please provide their full legal name and address below and answer questions 3a-d, f 4 and 5 for each Additional Named Insured.

Name

Address

- (f) If you are a foreign bank registered to do business in the U.S., in which state(s) are you licensed to conduct business? How are your operations in this country best described? Does your bank operate as a branch or subsidiary? To what extent are credit decisions made by your bank autonomous of headquarters?

4. Maximum value of insured letters of credit expected to be outstanding during the policy period: \$ _____.
5. (a) Please identify the individual(s) or administrative area which will be responsible for administering your policy. Have the individuals involved attended an Ex-Im Bank orientation seminar or an Ex-Im Bank training session?
- (b) Has your bank or have the individual(s) who will be administering or placing business under this policy ever dealt with Ex-Im Bank before? ☐ Yes ☐ No If yes, describe the programs the bank or the individual(s) are familiar with, and the time period during which these contacts took place.
6. Please provide the following information:
 - (a) Rating: _____ Agency: _____ Date: _____, or
 - (b) 1. Annual report, including audited financial statements, on your bank for the past two fiscal years.
 2. The most recent available 10K and 10Q reports on your bank.
 3. Recent (within six months) credit agency report on your bank (otherwise, please attach a check for \$35.00).
7. **For applications submitted prior to January 1, 2000 submit an Ex-Im Bank Y2K survey.**

8. APPLICANT CERTIFICATIONS

- (a) The Applicant certifies that it is a bank doing business in the United States, or a jurisdiction thereunder, in accordance with applicable Federal or State banking laws and regulations.
- (b) The Applicant undertakes to carry on its business with due care in financing exports hereunder, and in regard to the conditions of the contract and the trustworthiness of the buyer or issuing bank.
- (c) The applicant certifies that **it is not** currently, nor has it been within the preceding three years:
- (1) debarred, suspended or declared ineligible from participating in any Federal transaction; or
 - (2) formally proposed for debarment, with a final determination still pending; or
 - (3) voluntarily excluded from participation in a Federal transaction; or
 - (4) indicted, convicted or had a civil judgement rendered against it for any of the offenses listed in the Regulations governing Debarment and Suspension (Government Wide Nonprocurement Debarment and Suspension Regulations; Common Rule).
- (d) The applicant certifies that, to the best of its knowledge and belief, **if** any funds have been paid or will be paid to any person for **influencing or attempting to influence** an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of a Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the applicant **shall complete and submit** Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by Article 31, United States Code, Section 1352. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. If Form-LLL is necessary, it may be obtained from Ex-Im. This certification does **not** apply to commissions paid by Ex-Im to insurance brokers.
- (e) The applicant certifies that it is **not delinquent** on any amounts due and owing to the U.S. Government or its agencies or instrumentalities as of the date of this application.
- (f) The applicant certifies that the representations made and the facts stated by it in the application for the policy **are true, to the best of its knowledge and belief, and that it has not omitted any material facts**. The applicant agrees that the representations and facts shall form the basis of and **be incorporated in the policy** if issued and that the truth of such representations and facts contained herein shall be a condition precedent to any liability of Ex-Im thereunder. The applicant understands that this certification is subject to the **penalties for fraud** provided in Article 18, United States Code, Section 1001.
- (g) The Paperwork Reduction Act, Article 5, Code of Federal Regulations Section 1320.8(b)(3) requires Ex-Im to advise applicants:
- (1) the information collected in this application is **necessary to determine the eligibility** of the request.
 - (2) the information collected will be analyzed to **determine the ability** of the participants to perform the transaction and pay for it.
 - (3) **public burden** reporting for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send **comments** regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.
 - (4) Ex-Im requires responses to the questions in this application under the **authority** of the Export-Import Bank Act of 1945.
 - (5) the information collected will be held **confidential** subject to the Freedom of Information Act Article 5, United States Code, Section 552.
 - (6) Ex-Im may not require the information requested in this application and applicants are not required to respond unless a currently valid OMB control number is displayed on the form (see upper right of each page).

Signature_____
Print Name and Title_____
Month/Day/Year

**Send, or ask your insurance broker or city/state participant to review and send, this application to
Ex-Im Bank, 811 Vermont Avenue, NW, Washington, D.C. 20571 or an Ex-Im Regional Office.
The Ex-Im Bank website is <<http://www.exim.gov>>**

Please complete: The applicant was informed about Ex-Im by: ☐ An Ex-Im Regional Office: _____ ☐ An Ex-Im

City/State Partner: _____ ☐ A U.S. Export Assistance Center: _____ ☐ A Broker: _____

☐ A Bank: _____ ☐ A Local Development Authority: _____ ☐

Other (specify): _____ **END**